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Rural District of Horncastle

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# **ANNUAL REPORT**

of the

**Medical Officer of Health**

**1966**



HORNCASTLE RURAL DISTRICT COUNCIL

Annual Report  
of the  
Medical Officer of Health  
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PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health

S.A. O'HAGAN, M.B., B.S., D.P.H.

Chief Public Health Inspector

G.E. DAUBNEY, Cert. R. San. I.

Technical Assistant

A.W.T. MCNAIR, C.G.L.I. (Quants)

Meat Inspector

E. STONES, A.R.S.H.

The Medical Officer of Health is also Medical Officer for  
Horncastle and Woodhall Spa Urban District Councils and  
Welton Rural District Council.

The General Purposes Committee deals with matters affecting  
Public Health.

Members of the Committee :-

A.L. Applewhite	G.H. Hodgson	G.B. Read
E.E. Andrew	S.E. Howden	A.E. Robinson
Mrs. I. Benson-Brown	J.C. Hoyes	F.W. Robinson
P. Carter	G.A. Kolsey	Dr. W.P. Roe
R.F. Craven	A.D. Lea	Ald. T.W. Scholey
H. Croft	Lt. Cmdr. C.W.P. Lee	W.E. Stones
R.F. Dickinson	C.R. Leggott	K.A. Stroude
E. Dobson	J.C. Marshall	T.W. Spink
H. Ellerby	R. Mason	C.H. Swinn
G.C. Harvey	F. Needham	H.K. Taylor
J.C. Harvey	Major E.D. Newman	H. Ward
Rev. C.A. Heal	E.S. Orrey	Rev. G.O. Whitfield
F.J.W. Height	R.G.A. Penrose	A.D. Wright

To The Chairman and Members,  
Horncastle Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1966.

This year was not one which involved the Council or its Officers in any extraordinary duties. It is true that the outbreak of mild smallpox of the American type resulted in a flood of newly vaccinated, intending holiday makers, requiring completion of International Vaccination Certificates, usually at short notice, sometimes late at night and during week-ends. At the time of writing a gentle flow of certificates suggests that crisis conditions are not deterring most peoples holiday plans.

For the rest, the year was principally concerned with the steady improvement of the environment of our people, in dwellings by some 47 improvement grants and 39 new dwellings built by the Council and 59 others. Amenities and services are also being improved, including refuse collection, septic tank emptying and extension of sewerage schemes.

The cost of living in the country is often under-estimated for almost every commodity and service requires transport all of which must be paid for in one way or another. Where there is a reasonable sized village, costs may not be much above the market towns for every-day things but variety is apt to be lacking. There is a tendency for small villages near shopping towns to grow into miniature dormitory suburbs. The new population, it will be found are more demanding but, at the same time, may be able to give of their time and experience to local government and the social life in the village. When this takes place on a vast scale, as in London, etc. the effects of living out of towns are so mitigated by the stresses of commuting that little benefit results. However, on the small scale this is a movement which has developed since the age of the solitary craftsman gave place to industrial development.

The basic facts of life and death in the district have lagged, as usual, a little behind the national figures. The decline in births, evident for some time nationally, has become obvious only this year in this district. The rate in deaths at a mature age has risen to follow the national trend. This is largely because whilst we have reduced the power of infective illness to kill, we are largely impotent against the degenerative condition or wearing out of the body. We can apply antibiotics and other remedial treatment to acute conditions but the causes of death which rank highest are the ones which, as a nation we will do least to prevent. All our efforts are devoted to "labour-saving" luxury door-to-door travel and, in fact all those things which reduce physical activity. This may reduce the incidence of osteo-arthritis among octogenarians, but as the attack rate of coronary thrombosis increases each year it seems less likely that there will be any octogenarians to be saved from arthritis.

The incidence of coronary disease in Horncastle R.D. is only a quarter of that in neighbouring Welton R.D. which houses a large dormitory population from Lincoln, and this has become to a considerable extent an extended Urban area rather than a true rural district.

I note that food prices are generally higher in Lincoln than in Horncastle and this no doubt reflects an ability to pay more, albeit with some anxiety, and it may be that a survey would show that whilst over-feeding is widespread in this country it flourishes more in the prosperous communities and groups. Coronary disease is almost entirely a disease of males in the 4th to 6th decades of life and, as such, is disastrous to the family. Analysis of the factors common to known sufferers draws a pattern, in build, habits and even mental make-up which is clinically recognisable and it is possible that preventive treatment in this high risk group might go a long way to prevent or delay a clinical attack. The group we would look for would be male, under 5ft 6ins. high, 10% or more overweight, in a sedentary and responsible job and not having the habit of regular daily exercise such as walking to work. Clinical tests would narrow the field somewhat so that many would emerge with few, if any, restrictions. Inevitably however, if the prophylaxis were successful, no gratitude would be felt because "How do you know I would have had it anyway?". To that there is no absolute answer.

The incidence of cancer of the lung, probably in most cases associated with heavy smoking shows an increase over last year. Year to year changes are not very significant in such small figures, but the national rate of increased deaths from this cause is declining and it is to be hoped that this too will happen here.

More numerous than lung cancer were deaths from cancer of the womb and breast. In many of these cases, successful treatment can be undertaken if systematic examination reveals abnormalities.

Many women will not go either to their own doctor or to a clinic for examination unless they are afraid something is wrong. Indeed, there is evidence that in borderline cases, the services of a woman doctor are vital to the success of early examination. Probably the emergence of more fertility control clinics on F.P.A. lines will encourage an increasing proportion of women to be examined during the years when, if anything is wrong, the cure rate approaches 100%. In addition, a number of minor conditions, causing a lot of discomfort and anxiety can be discovered and cured.

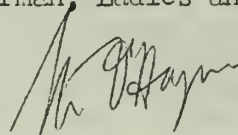
It remains a source of satisfaction that chronic bronchitis, the traditional english disease, is quite insignificant as a cause of death in this part of the country. A less obvious effect the disease may have is in "days off work" and ultimate invaliding from agriculture which is, essentially, the principal industry of the district.



Housing by this Council has taken a new look in the last few years with bungalows for the elderly in housing sites for families and more recently the grouped dwellings with wardens and associated bungalows at Mareham-le-Fen and Wragby. Whilst one could envisage a further such scheme in the Coningsby/Tattershall district, it seems unlikely that other villages have the resources to support a scheme more ambitious than one or two bungalows specially designed for the elderly.

In conclusion, I must record my thanks to all the Members of the Council and the Officers, who have helped me during the year and in particular for the help I have had throughout my office from Fred Harper whose recent sudden death so shocked us all.

I am,  
Mr. Chairman, Ladies and Gentlemen,

A handwritten signature in dark ink, appearing to read 'Fred Harper', written in a cursive style.

Your obedient Servant.

# STATISTICS

AREA OF RURAL DISTRICT:	114,629 acres
REGISTRAR GENERAL'S ESTIMATE OF MID-YEAR RESIDENT POPULATION:	13,300 persons
DENSITY OF POPULATION:	0.09 persons per acre
NUMBER OF INHABITED HOUSES :	
PERMANENT	4,552
CARAVANS	316

## VITAL STATISTICS

<u>Live Births</u>	Male	Female	Total
	97	93	190
Rate per 1000 population .. ..	14.3 crude, 15.4 standardized		
Illegitimate Live Births per cent of total live births .. ..	4.7%		

<u>Still Births</u>	Male	Female	Total
	3	0	3
Total live and still births	100	93	193
Infant deaths	1	3	4
Infant Mortality Rate per 1000 live births			21.05
Infant Mortality Rate per 1000 live births legitimate			21.9
"    "    "    "    "    "    "    illegitimate			0
Neonatal Mortality Rate (deaths under 4 weeks per 1000 total live births)			15.8
Early Neonatal Mortality Rate (deaths under 1 week per 1000 total live births)			15.8
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1000 total live and still births)			31.4
Maternal Mortality (including abortion) number of deaths			0
Rate per 1000 total live and still births			0

<u>Deaths</u>	Male	Female	Total
	65	67	132
Death Rate per 1000 living actual (crude)			9.9
Standardized Death Rate			10.6

Causes of death as shown in the Registrar General's Short List.

Short List No.	Cause of Death	Sex	Total All Ages	Under 4 Weeks		4 Weeks & under 1 year		Age in Years								75 & over
				All	4	Weeks	1 year	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	
11.	Malignant Neoplasm, Lung, Bronchus	M	6	-	-	-	-	-	-	-	-	-	-	2	3	1
12.	Malignant Neoplasm, Breast	F	1	-	-	-	-	-	-	-	-	-	1	-	-	-
13.	Malignant Neoplasm, Uterus	M	6	-	-	-	-	-	-	-	-	-	1	2	3	-
14.	Malignant Neoplasm, Other Malignant and Lymphatic Neoplasms	F	4	-	-	-	-	-	-	-	-	-	1	1	1	1
15.	Leukaemia, Aleukaemia	M	10	-	-	-	-	-	-	-	-	-	1	2	1	7
17.	Vascular Lesions of Nervous System	F	5	-	-	-	-	-	-	-	-	-	-	1	-	3
18.	Coronary Disease, Angina	M	1	-	-	-	-	-	-	-	-	-	-	1	-	-
19.	Hypertension with Heart Disease	F	10	-	-	-	-	-	-	-	-	-	-	2	6	4
20.	Other Heart Disease	M	17	-	-	-	-	-	-	-	-	-	-	3	4	8
21.	Other Circulatory Disease	F	4	-	-	-	-	-	-	-	-	-	-	2	1	2
22.	Influenza	M	1	-	-	-	-	-	-	-	-	-	-	-	-	1
23.	Pneumonia	F	3	-	-	-	-	-	-	-	-	-	-	-	-	6
24.	Bronchitis	M	5	-	-	-	-	-	-	-	-	-	-	-	-	3
25.	Other Diseases of Respiratory System	F	1	-	-	-	-	-	-	-	-	-	-	-	-	1
26.	Ulcer of Stomach and Duodenum	M	4	-	-	-	-	-	-	-	-	-	-	-	-	4
27.	Gastritis, Enteritis and Diarrhoea	F	2	-	-	-	-	-	-	-	-	-	-	-	-	1
28.	Nephritis and Nephrosis	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-
29.	Hyperplasia of Prostate	F	4	-	-	-	-	-	-	-	-	-	-	-	-	-
32.	Other Defined and Ill-Defined Diseases	M	5	-	-	-	-	-	-	-	-	-	-	-	-	4
33.	Motor Vehicle Accidents	F	8	-	-	-	-	-	-	-	-	-	-	-	-	1
34.	All other Accidents	M	1	-	-	-	-	-	-	-	-	-	-	-	-	1



## Prevalence of and Control over Infectious Diseases

<u>Disease</u>	<u>Notifications</u>			<u>Deaths</u>		
	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>
Scarlet Fever	4	4	6	0	0	0
Erysipelas	0	0	0	0	0	0
Acute Primary Pneumonia	0	1	0	0	3	4
Acute Influenzal Pneumonia	0	3	0	0	0	0
Pulmonary Tuberculosis	1	0	0	0	0	0
Other Tuberculosis	1	1	0	0	0	0
Food Poisoning	13	0	1	0	0	0
Sonne Dysentery			1			0
Whooping Cough	2	9	1	0	0	0
Measles	32	94	244	0	0	0

Protection against infectious diseases remains an important part of the County Health Service, as well as of General Practitioners who are tending to become more involved with this aspect of their work.

Opinion's change in the light of experience and I must confess that during the recent major measles outbreak I found myself wondering how much unnecessary worry and physical suffering would have been avoided had a substantial part of the child population received measles vaccination. It is now evident that in those family practices and in the City of Oxford where vaccination is effective, measles is absent although it ranges all around. In the past we have fought the killing diseases and those which maimed for life. Measles is universal and a few children are so maimed, in their ears or brains in each attack whilst it appears that the effects of measles vaccination are more comparable with the effects of a single dose of "triple" than anything else.

It was pathetic last year (1966) to encounter the floods of vaccination certificates and the really sore arms of those whose parents had failed to get them vaccinated as children and who were in 1966 faced with either vaccination or forfeiting their continental holiday. I am again at the time of writing, receiving a number of certificates for authentication and the number who omit not only a stamped addressed envelope but even any indication of where to send the certificate always amazes me.

## Table of Immunizations and Births in previous years

This will be published as an addendum to the Report when the figures become available.

## The National Health Service

Facilities remain as last year.

## County Health Services

Generally speaking, the facilities, of clinics are fairly well used but the social changes which eventually bring a clinic into being, e.g. a local large increase in births, take so long to produce the effect that the greatest need is often past by the time the new clinic is established, so that its attendances start well and inevitably fall off.

The Ophthalmic Service still has a long waiting list despite efforts to clear it. Generally, however, new cases are seen with a minimum of delay.

## Tuberculosis

This disease, at one time rife in this county is now an extreme rarity. The cases found now are more often elderly people in whom it has probably lain dormant for many years.

Nevertheless the campaign to build up a nation of young people with resistance to the disease continues.

This year the work was assisted by the replacement of glass syringes by disposable syringes and needles. These are very satisfactory both for this work and for the small doses of T.A.B. now given intradermally.

## Water Supply

89% of the houses in the district are supplied with mains water by the East Lincolnshire Water Board.

The water is very hard and is processed to remove excess lime. No evidence of plumbosolvency has ever been shown.

The fluoride content has not recently been reported but one can say with confidence that it is not likely to have improved from the figure of 0.1 p.p.m. reported in the County Survey of Water Supplies.

Because the E.L.W.B. supplies Boston and part of Holland County who have opposed fluoridation, the Board have been unwilling to treat the water for the substantial majority whose representatives have expressed an active wish for fluoridation.

I cannot really report that the water supply is wholesome all the time it is deficient in an essential for health but chemical and bacteriological tests have regularly shown freedom from pollution.

The supply position is normally satisfactory. The most recent table of dwellings, by parishes, with piped water was 1965-66 and the details follow :-

<u>Parishes</u>	<u>Houses with piped Water</u>	<u>Parishes</u>	<u>Houses with piped Water</u>
Asgarby	5	Market Stainton	16
Asterby	20	Miningsby	17
Baumber	70	Minting	62
Belchford	72	Moorby	17
Benniworth	52	Panton	17
Bucknall	87	Ranby	11
Cawke	-	Revesby	96
Claxby Pluckacre	8	Roughton	84
Coningsby	690	Salmonby	16
East Barkwith	81	Scamblesby	53
Edlington	28	Scrivelsby	16
Fulletby	21	Somersby	35
Gautby	19	Sotby	26
Goulceby	25	Stixwold	41
Great Sturton	17	Tattershall	337
Greetham	25	Tattershall Thorpe	40
Hagworthingham	84	Tetford	104
Halham	28	Thornton	21
Hameringham	16	Thimbleby	76
Hatton	37	Tumby	80
Hemingby	67	Tupholme	16
High Toynton	22	Waddingworth	9
Horsington	74	West Ashby	80
Kirkby-on-Bain	75	West Barkwith	20
Kirkstead	28	West Torrington	32
Langton-by-Horncastle	10	Wildmore	147
Langton-by-Wragby	36	Winceby	7
Low Toynton	9	Wispington	18
Lusby	19	Wood Enderby	32
Mareham-le-Fen	239	Woodhall	33
Mareham-on-the-Hill	24	Wragby	257

## Sanitary Circumstances of the District

### Housing:

The needs of the district do not change from year to year and there is, consequently, no change in policy for housing.

That the number of residential caravans is so high and still rising is plain evidence that there are not yet enough easily available dwellings where they are required. This last phrase being the salient one. To dwell happily in a caravan on a site with communal facilities is not to many peoples' taste and it requires patience and forbearance more than the normal. This is especially difficult with young children. For this reason, houses must be provided until the only people who dwell in caravans are those whose preference it is.

### Refuse Collection and Disposal:

This is an ever increasing burden, physically and mentally. The actual weight of collected refuse tends to decrease as the use of raw coal declines, but the volume of cardboard, paper, tins and bottles is increasing to absurd proportions. Absurd because, as a local authority we have to foot the cost of disposing of "disposables" of all kinds and there seems no limit to the new kinds of refuse our manufacturers can devise.

Any system of collection and disposal which allows flies and vermin to gain access to the refuse at any stage will encourage the risk of vector-borne disease. Flies can only breed where refuse or manure remains loosely packed for a week or more: thus a weekly collection would eliminate this source of flies and is appropriate to a built-up area where few other facilities for fly-breeding exist.

Where, however, animal manure lies in fields, the effect of less frequent refuse collection becomes insignificant in this respect. There remains, however, the problem of storing a larger quantity of refuse for a longer time which may become offensive to householder and scavenger alike. Where refuse is not burnt domestically even small families produce  $2\frac{1}{2}$  to 3 cubic feet of refuse per week, which really calls for two bins if collection is to be only once a fortnight. This seems to me to be the best compromise between efficiency and cost.

### Food Hygiene:

Despite the increase in documentation of this subject the actual incidence, as reported to me, remains very low.

No doubt this is, in part, due to the inevitable delay in getting a doctor to mild cases and thus failure to link "tummy upsets" with any particular food.



Calves have been reported as infected with organisms pathogenic to man in some instances and it is pleasant to record that the veterinary surgeons have invariably been so quick to give proper advice that human illness has not resulted.

#### Brucellosis:

This disease, undulant fever in man and contagious abortion in cattle is likely to be the next endemic disease for eradication. It may be milk-borne and as about a million people in Britain drink raw milk, there is some risk. Brucellosis is not a notifiable disease and often remains unrecognised so that it is impossible to say how much its eradication would benefit human health. Milk sampling is carried out by the County Council and advice given when positive results are found.

#### Sewerage and Sewage Disposal:

The major scheme in hand is the combined scheme for Tetford and Belchford. The next development will be extension of the Coningsby and Tattershall scheme. A Contract for which will shortly be sealed.

The improvement of dwellings in unsewered areas, consequent upon the Councils Water Scheme and the Improvement Grants Schemes has resulted in substantially increased demand for emptying septic tanks. This is likely to continue, perhaps at a slower rate, since the majority of eligible dwellings have been converted and most new septic tanks are now related to new properties.



REPORT OF WORK DONE BY PUBLIC HEALTH

INSPECTOR FOR THE YEAR

1966

TOTAL NUMBER OF HOUSES ERECTED DURING THE YEAR

(i)	By Local Authority	39
(ii)	By other Authorities	0
(iii)	By other Bodies or Persons	59
(iv)	Number allocated for replacing houses subject to Demolition Orders	0

HOUSING REPAIRS AND RENTS ACT, 1954 - 57

Number of Certificates of disrepair issued	0
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INSPECTION OF DWELLING HOUSES DURING THE YEAR

(1)(a)	Total Number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	256
(b)	Number of inspections made for the purpose	305

REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICE

Number of dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	67
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ACTION UNDER STATUTORY POWERS DURING THE YEAR

(1)(a)	<u>Proceedings under Public Health Acts :-</u>	
	Number of dwelling houses in respect of which Notices were served requiring defects to be remedied	0
(b)	Number of dwelling houses in which defects were remedied after service of formal notices :-	
	(i) by owners      0      (ii) by local authority in default by owners	0
(2) (a)	<u>Proceedings under the Housing Acts</u>	
	Number of dwelling houses in respect of which notices were served requiring repairs	0
(b)	Number of dwelling houses which were rendered fit after service of formal notices	
	(i) by owners      0      (ii) by local authority in default by owners	0
	(iii) number of unfit houses purchased by the local authority in accordance with Housing Acts	0
(c)	Number of certificates of disrepair issued	0

(3) (a)	<u>Slum Clearance - proceedings under Housing Acts</u> Number of dwelling houses in respect of which Demolition Orders were made (Individual unfit houses only)	5
(b)	Number of dwelling houses demolished in pursuance of Demolition Orders (Individual unfit houses only)	8
(c)	Number of dwelling houses, or parts, subject to Closing Orders	2
(d)	Number of dwelling houses, or parts, rendered fit by undertakings	1
(e)	Number of dwelling houses included in confirmed Clearance Orders	0
(f)	Number of dwelling houses demolished in pursuance thereof	0
(g)	Total number of dwelling houses on which Demolition Orders are operative and which are still occupied except under the provisions of Section 34, 35 and 46 of the Housing Act, 1957	0
(h)	Total number of dwelling houses occupied under Sections 34, 35 and 46 of the Housing Act, 1957	0
(i)	Houses demolished voluntarily by owners which would otherwise have been the subject of statutory Action to secure demolition or closure	3
(4)	Nissen Huts or other similar Hutments :-	
(a)	Number still occupied	0
(b)	Date by which it is anticipated occupants will be rehoused	0
(5)	Estimated number of dwellings, excluding those under paragraph (4) above, remaining to be dealt with under	
(a)	The Housing Act, 1957, Sections 16 and 18	200
(b)	The Housing Act, 1957, Section 42	0
	HOUSING ACTS - OVERCROWDING	
(1) (a)	Number of cases of overcrowding relieved during the year	0
(b)	Number of persons concerned in such cases	0
(2) (a)	Number of dwellings overcrowded at the end of the year	N/K
(b)	Number of families dwelling therein	N/K
(c)	Number of persons dwelling therein	N/K
	HOUSING ACTS, 1949 - 59	
	Number of dwellings for which applications for grants have been received	
(a)	Standard 35 (b) Discretionary	13
	Number of dwellings subject to grant	
(a)	Standard 35 (b) Discretionary	12
	Number of houses owned by the Local Authority which have been the subject of grant aid by the Ministry	0

## MOVEABLE DWELLINGS, TENTS, VANS, ETC.

Caravan Sites and Control of Development Act, 1960	
Number of Site Licences	52
Total number of caravans permitted under such licences	316
Number of inspections during the year - Sites	57
- Caravans	0
Number of contraventions remedied	4
Number of sites exempt from licence	0
Number of caravans thereon	0
Number of holiday chalets	0

## FOOD PREMISES

### BAKEHOUSES

Number in district	3
Number of inspections	6
Number of contraventions	0
Defects remedied	0

### ICE CREAM

Number of manufacturers on Register	0
Number of premises licensed for sale of Ice Cream	54
Number of inspections of premises made	37
Number of contraventions found	0
Number of contraventions remedied	0
Number of samples taken	0

### MEAT PRODUCTS

Number of premises registered for manufacture of Meat Products	18
Number of inspections made	23
Number of contraventions found	2
Number of contraventions remedied	2

### OTHER FOOD PREMISES

Number of other food premises (i.e. excluding bakehouses, and premises registered for manufacture of ice cream and meat products)	7
Number of inspections	23
Number of contraventions found	3
Number of contraventions remedied	3

### SLAUGHTERHOUSES

Number Licensed - Abattoir	0
- Private (individual)	7
Number operated by Local Authority	

UN SOUND FOODCARCASSES AND OFFAL INSPECTED AND CONDEMNED IN  
WHOLE OR PART

	cattle excluding cows 1966	cows 1966	calves 1966	sheep and lambs 1966	pigs 1966
Number killed	1433	43	26	7324	3713
Number inspected	1433	43	26	7324	3713
All diseases except Tuberculosis and Cysticerci - whole carcasses condemned	3	4	1	14	6
Carcasses of which some part or organ was condemned	96	18	1	103	36
% of the number inspected affected with disease other than tuberculosis and cysticerci	6.9	51.2	7.7	1.5	1.1
Tuberculosis only whole carcasses condemned	1	0	0	0	0
Carcasses of which some part or organ was condemned	0	0	0	0	0
% of the number inspected affected with Tuberculosis	.067	0	0	0	0

OTHER FOOD CONDEMNED - 1 tin corned beef

Method of Disposal of Condemned Food

Meat - Used for industry

Other Foods - Burned and buried



## DRAINAGE AND SEWERAGE

### Closets

Number of houses with privy vaults in district	N/K
Number of houses with pail closets in district	N/K
Number of houses with water closets in district	4,107
Number of water closets substituted for pail closets and privy vaults	47
Do Council operate pail closet emptying service?	No

### Cesspools and Septic Tanks

Number of cesspools and septic tanks emptied, cleansed, etc.	970
Number of cesspools and septic tanks abolished	8
Do Council operate cesspool/septic tank emptying service	Yes
Number of vehicles in use for emptying cesspools	2

### Sewerage and Sewage Disposal

Details of areas or villages where provision has been made of new sewers or where existing sewerage arrangements improved:-

Tetford and Belchford Scheme Started.

Details of areas or villages where provision has been made of new sewage disposal facilities or existing arrangements improved:-

Tetford Sewage Works Started.

Any part of the district urgently requiring public sewers and/or treatment works for public health reasons (state briefly reasons) :-

Nil

## WATER SUPPLIES

Number of houses supplied from public mains	
- in house	4,208
- standpipe/outside tap	0
Number of houses supplied from private sources	
- in house	N/K
- not in house	N/K
Number of houses with unsatisfactory supplies	0
Number of houses supplied therefrom	0
Any part of district requiring a public supply or the replacement of a public supply for public health reasons	0
Number of samples taken for chemical examination	0
Swimming and Paddling Pools	0



# GENERAL

<u>Offensive Trades</u>	0	
<u>Knackers Yard</u>		
Number Licensed	1	
Number of inspections	2	
Contraventions remedied	0	
<u>Shops Acts, 1950</u>		
Number of shops inspected	0	
Contraventions remedied	0	
<u>Offices, Shops and Railway Premises Act, 1963</u>		
Number of premises licensed	61	
Number of inspections	69	
Number of defects	2	
Number remedied	2	
<u>Disinfection and Disinfestation</u>		
Rooms and premises disinfected	.	
(a) Infectious Disease other than tuberculosis	0	
(b) Tuberculosis	0	
Number of premises subjected to disinfestation	2	
<u>Refuse Collection and Disposal</u>		
Number of premises from which refuse is collected	All	
Frequency of collection - Fortnightly in larger villages, otherwise monthly		
Method of disposal - Part controlled tipping		
Is this satisfactory - Yes		
Number of Tips - 4		
Number of refuse collection vehicles -	3	
Details of nuisances abated :-		
	After Informal Intimation	After Statutory Notice
Refuse	42	-
Foul ditches, ponds and stagnant water	25	-
Drainage	17	-
Poultry and Animals	20	-
Dangerous Premises	5	-
Miscellaneous Nuisances	21	-
<u>Rats and Mice Destruction</u>		
Number of rodent operatives employed		2
Number of premises treated (a) dwelling houses		331
(b) other premises		2,922
Are there any serious reservoirs of rats in district		No
Does service cover		
(a) domestic and business premises only		No
(b) domestic, business and agricultural premises		Yes

# FACTORIES ACT 1961

Inspections for purposes of provisions as to health (including inspections made by Public Health Inspector)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Secs. 1 - 4 & 6 are to be enforced by Local Authority	10	15	0	0
(ii) Factories not included in (i) in which sec.7 is enforced by Local Authority	63	86	0	0
(iii) Other premises in which Sec.7 is enforced by Local Authority	8	24	4	0
TOTAL	81	125	4	0

Particulars	No. of cases in which defects were found				No. of cases in which Prosecutions were instituted
	Found	Remedied	Referred to H.M. Insp.	By H.M. Insp.	
Want of Cleanliness	4	4	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act	-	-	-	-	-
TOTAL	4	4	-	-	-

# HORNCASTLE RURAL DISTRICT COUNCIL

## Particulars of Vaccination and Immunisations carried out during 1966.

<u>Diphtheria</u>	Under							
<u>Immunisations</u>	1	1	2	3	4	5 - 9	10 - 14	Total
Initials	-	-	-	-	-	-	-	-
Boosters	-	-	-	-	-	4	2	6

<u>Diphtheria and</u>	Under							
<u>Whooping Cough</u>	1	1	2	3	4	5 - 9	10 - 14	Total
<u>Immunisations</u>	-	-	1	-	-	-	-	1

<u>Diphtheria, Tetanus</u>	Under							
<u>and Whooping Cough</u>	1	1	2	3	4	5 - 9	10 - 14	Total
<u>Immunisations</u>								
Initials	68	91	9	5	1	2	-	176
Boosters	-	20	71	24	14	9	1	139

<u>Diphtheria, and</u>	Under							
<u>Tetanus</u>	1	1	2	3	4	5 - 9	10 - 14	Total
<u>Immunisations</u>								
Initials	-	1	1	2	1	49	-	54
Boosters	-	-	-	3	5	180	25	213

<u>Smallpox</u>	Under			
	1	1 - 4	5 - 15	Total
Vaccination	4	99	2	105
Re-Vaccination	-	2	3	5

<u>Tetanus Immunisation</u>	Under	1 - 4	5 - 14	15 & over	Total
	1				
Initial Courses	-	-	16	36	52
Boosters	-	-	6	16	22

Births in 1965 - 253

<u>Year of Birth</u>	Oral Vaccine	
	Initial Course of Three Doses	Booster Dose of Oral Vaccine
1966	49	-
1965	114	-
1964	21	-
1963	8	1
1962	7	11
1961	5	65
1960	4	59
1959	5	24
1958	2	19
1957	2	9
1956	2	6
1955	2	2
1954	-	1
1953	1	-
1952	1	-







